

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Weekly Bulletin



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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIV, No. 23

July 6, 1935

GUY P. JONES
EDITOR

Milk-borne Epidemics in 1934

Unpasteurized milk continues to be the source of numerous epidemics of disease, according to a report on milk-borne epidemics in the United States for the year 1934, made by Dr. S. J. Crumbine, Field Secretary of the Conference of State and Provincial Health Authorities of North America, and released by the American Child Health Association in its Bulletin for July.

The report shows 40 epidemics, 1324 cases and 44 deaths as having occurred in 1934 in 18 states of the Union. Twenty-one of the epidemics were of typhoid fever and 9 of septic sore throat, while gastro-enteritis (4), scarlet fever (3), undulant fever (2), and diphtheria (1) made up the balance.

All but one of the epidemics were caused by raw milk, and in the single exception there is a doubt as to whether the whole of the milk supply was pasteurized. An incident related in the report furnishes an example of the risk attendant on drinking raw milk. In Westchester County, New York, last September, a milk truck carrying 8000 quarts of raw milk was wrecked on its way to the pasteurizing plant. Next day, a number of persons from two different communities helped themselves to the milk, carrying it away in pitchers and pails. Some of the milk was also put in the empty cans of a local dairy and taken to a third place. Three days after the accident, cases of gastro-enteritis began to appear

in all three places among the people who had drunk the milk.

As in previous years, according to the report, "carriers" are found to be the greatest single source of milk contamination, having caused 39 per cent of the epidemics in 1934. In one state, relatives visiting a dairy and assisting in the work, were innocently responsible for an epidemic of typhoid fever, both proving to be carriers of typhoid fever germs. "Visitors to dairy farms, be they relatives, neighbors, or strangers, should be considered as potential hazards to the safety of the milk supply if they are permitted to take any part in the production or distribution of the milk."

The report reveals that the smallest communities suffer the greatest number of milk-borne epidemics. In 1934, 31 of the 40 epidemics occurred in communities of less than 5000 population. "It is time that the smaller cities and towns realized that they are not invulnerable to serious epidemics of milk-borne diseases unless they have effective pasteurization and public health supervision of all milk supplies."

Emphasis is put on the proof which the one epidemic of diphtheria, due to contaminated milk, gives of the value of immunization. Eight cases of diphtheria developed among the customers of a single dairy before the dairyman was discovered to be suffering from a mild attack of the disease, and the sale

of the milk stopped. "All the cases were of adults," says the report; "the children of the families involved had been immunized the previous spring with toxoid. This incident illustrates the value of securing immunization against diphtheria for every child in America."

In closing, the report calls attention to the resolution passed by the Conference of Health Authorities at its previous meeting, in which it advocated that all milk intended for human consumption should be effectively pasteurized.

STATUTORY SANITATION

"The statutory system can not exercise direct or continuous control of the personal health and habit of the normal individual. Yet the maintenance of the health and powers of resistance of the average person lies at the basis of national well-being. The purpose of preventive medicine is not only the reduction of disease or the postponement of the event of death, but the strengthening of the health and the raising of the standard of physical capacity of the normal person. This can never be achieved by Act of Parliament or official regulation, but only by each individual safe-guarding his own physique and fortifying his own powers of resistance, and in order to do this he requires counsel and advice and to be reminded of his obligations both to himself and to others.

"The state system of sanitation and public health requires impulse from the people as a whole to make it effective. During the last 40 or 50 years there has been a continuous succession of acts affecting the public health; duties have been imposed by Parliament upon central and local authorities altogether beyond anything which existed a generation or two ago. Yet these legislative powers can only be effectually exercised, centrally or locally, with the assent of the people themselves. Even the membership of the local authorities which administer these laws is composed of voluntary, elected representatives, and the money necessary for such administration comes from the payer of rates and taxes. Hence, it is imperative that there should be an enlightened public opinion in support of these enterprises.

"The people require instruction in understanding, using and putting into operation the public provision made on their behalf. However willing a community may be to assent to sanitary governance, the law cannot be prudently interpreted unless it is understood and applied by the individual."—Sir George Newman, Chief Medical Officer of the Ministry of Health and the Board of Education of Great Britain.

HOW TO SAVE A LIFE FROM DROWNING

With the advent of the summer season and an increase of week-end outings, it is once again called to the attention of the public that everyone should know how to save a life from drowning. One never knows when he will be faced with such an emergency and he should be ready for it.

The rules are simple and if followed in rhythmic precision as shown below it should be possible to restore breathing, provided no time is wasted.

No elaborate equipment is needed to save a life from drowning; all that is necessary is to know the "prone pressure method" and act immediately. This method is simple to learn, easy to apply and will not unduly tax the strength of the rescuer if he happens to be alone.

On removal from the water, patient should be placed stomach down on a flat surface, quickly opening the mouth to remove any foreign substance which might obstruct breathing—but not wasting any time in such preliminaries, as every moment is precious. One arm of patient should be bent at the elbow letting the head rest on this with face sidewise so that water may be dispelled from the lungs; the other arm should be stretched full length above.

Rescue measures should begin at once and continue rhythmically until natural breathing is established. This may take four or more hours. The procedure is as follows:

First—Kneel, and straddle the patient below the hips, placing hands on small of the back with fingers over the lowest ribs, tips of fingers just out of sight.

Second—With arms straight, while counting one, two, swing forward bearing weight on body firmly but not violently.

Third—Swing backwards while counting one, straightening up and thus relieving pressure—this allows air to be drawn into the lungs.

Fourth—Rest in this position for two counts.

Fifth—Repeat these movements rhythmically, forward and backward, without interruption, about twelve to fifteen a minute, until natural breathing is restored.

Sixth—Meanwhile, if assistance is at hand, a physician should be sent for, patient's tight clothing should be loosened at neck, chest or waist, and patient should be kept warm.

Patient should not be moved from this spot until he is breathing normally and then should not be allowed to get up but should be carried in a lying position to a place where he can be kept warm and receive expert medical attention.

CANCER HAZARDS

Under the above caption the following editorial appeared in the June 30 edition of the New York Times:

"In 1911 cancer stood eighth in the list of causes of death in the general population. It has since risen to second place. Hence the anxiety of health authorities, the vigorous educational campaign conducted by public-spirited citizens and physicians, the quickened tempo of laboratory research. If the disease has become so formidable a menace in less than a generation, what of the future?

The Metropolitan Life Insurance Company has never performed a more useful task than that of partly dispelling these gloomy views by a thorough analysis of 185,835 deaths from malignant tumors which occurred among its millions of industrial policyholders in the twenty years that ended with 1931. It is good to learn that if cancer seems more of a scourge than ever it is by deceptive contrast. Because other leading causes of death have declined cancer becomes only relatively more alarming. It is not in itself more virulent because other diseases in a table are more amenable to treatment. Moreover, with a shrinking birth rate, with more infants' lives saved, with the restriction of immigration (which always brings in more young than old people) we have a greater concentration of population in the ages over 45 years—precisely the ages in which cancer is most prevalent. If the actual number of reported deaths from cancer is increasing it is because the proportion of old people in the population is also increasing.

After the statistician has allowed for this age distribution there still remains an unexplained increase of 8.3 per cent in the death rate from cancer during the twenty years in question. It transpires that the increase affects only cancers which are not directly observable. Hence it reflects an improvement in diagnostic methods and surgical technique, a growing willingness to accept treatment in hospitals, and new benefits derived from more numerous autopsies. It is therefore largely spurious. Cancer is probably no more a menace than it ever was.

Physicians have reason to be gratified by this interpretation. Yet it is a gratification that must be tempered by a realization of their own shortcomings and of the limitations of medicine itself. They have stressed the importance of earlier diagnosis and prompt treatment in educational campaigns. Of the soundness of this advice there can be no question. It implies, however, that all tumors can be detected at a time when there may still be a chance to save life, and this regardless of their location. The truth is that progress has been made chiefly in recognizing accessible cancers for what they are. The picture for the inaccessible type is dark. It is evident from the study of the Metropolitan Life Insurance Company that if we are to make a further

advance it must be in the early discovery of these. Here we face the most urgent problem in combating the second most important cause of death."

HEALTH EDUCATION INSTITUTE AT MILWAUKEE

In accordance with its usual custom, the American Public Health Association will sponsor a health education institute in connection with its 64th annual meeting which will be held in Milwaukee October 7 to 10. The subject for this institute is health education with special reference to smaller cities and rural communities. It is intended to make the lecture and discussion periods of the utmost practical value to those who are working in communities without the resources that are available in the large municipalities. The institute will begin October 4 and will continue through October 6 covering the three days immediately preceding the annual meeting of the association which begins October 7.

The director and chairman of the institute is Marjorie Delavan, Director of the Bureau of Education of the State Department of Health, Lansing, Michigan. Other faculty members are: W. F. Walker, D. P. H., Director, Division of Health Studies, Commonwealth Fund, New York City; Professor Wesley Maurer, University of Michigan, Ann Arbor, Michigan; Evart G. Routzahn, Public Health Education Section Editor of the *American Journal of Public Health*, New York City; and Ruth E. Grout, Director of Health Education Study, Cattaraugus County School Health Service, Olean, New York. The subjects will cover community studies for the purpose of building a health education program to meet the actual needs of the community and the persons residing in it, the enlistment of community forces in order to interest all classes of persons, the techniques of applying health education in these communities and the development of a school health program to establish habits, practices, and attitudes toward health which will carry over into adult life and enable the individual to function as a healthy person.

Any one actively engaged or interested in health teaching or health publicity may register. A nominal fee is required and application must be made upon a form which may be obtained from the American Public Health Association at 50 West Fiftieth street, New York City.

This is moral perfection: to live each day as though it were the last; to be tranquil, sincere, yet not indifferent to one's fate.—Marcus Aurelius.

MORBIDITY

Complete Reports for the Following Diseases for the Week
Ending June 29, 1935

Chickenpox

353 cases: Alameda County 1, Alameda 10, Berkeley 26, Oakland 34, Piedmont 1, San Leandro 4, Chico 1, Fresno County 1, Fresno 3, Humboldt County 1, Los Angeles County 35, Alhambra 3, Avalon 2, Beverly Hills 1, Burbank 1, Culver City 2, El Monte 1, Glendale 6, Glendora 1, Huntington Park 5, La Verne 8, Long Beach 5, Los Angeles 53, Pasadena 5, Santa Monica 7, Lynwood 1, South Gate 1, Gardena 1, Monterey County 2, Orange County 3, Orange 1, Santa Ana 11, La Habra 2, Riverside County 1, Riverside 1, Sacramento 4, San Bernardino 1, San Diego County 3, Escondido 1, San Diego 14, San Francisco 35, San Joaquin County 2, Stockton 15, San Luis Obispo 15, Daly City 1, Redwood City 1, Santa Barbara County 4, Lompoc 1, Santa Barbara 3, Santa Maria 1, Palo Alto 1, San Jose 2, Santa Cruz 2, Benicia 1, Ventura County 3, Woodland 2.

Diphtheria

35 cases: Berkeley 2, Oakland 7, Los Angeles County 5, Los Angeles 9, Redondo 1, Santa Monica 1, San Rafael 1, Orange 1, Santa Ana 1, Sacramento 3, San Francisco 1, Stockton 1, Exeter 1, Santa Paula 1.

German Measles

411 cases: Alameda County 1, Alameda 1, Berkeley 3, Oakland 45, Piedmont 2, San Leandro 13, Contra Costa County 1, Martinez 1, Selma 1, Humboldt County 5, Lake County 2, Los Angeles County 20, Compton 2, Glendale 2, Huntington Park 3, Inglewood 2, Long Beach 1, Los Angeles 34, Pasadena 9, San Gabriel 1, Santa Monica 1, Sierra Madre 1, Lynwood 2, South Gate 3, Bell 2, Marin County 1, Alturas 1, Orange County 1, Anaheim 1, Fullerton 1, Orange 1, Santa Ana 9, Plumas County 1, Riverside 3, Sacramento 11, Redlands 1, Upland 4, San Diego County 5, Chula Vista 2, Escondido 5, Oceanside 2, San Diego 15, San Francisco 55, San Joaquin County 6, Lodi 3, Stockton 1, San Mateo 1, Santa Barbara County 2, Santa Clara County 110, Mountain View 1, Palo Alto 6, San Jose 1, Willow Glen 1, Siskiyou County 1, Tulare County 1.

Influenza

26 cases: Lake County 2, Los Angeles County 2, Claremont 1, Los Angeles 21.

Malaria

3 cases: Los Angeles County 2, San Joaquin County 1.

Measles

693 cases: Alameda County 4, Alameda 2, Berkeley 11, Hayward 1, Oakland 33, Piedmont 1, Butte County 2, Chico 5, Colusa County 1, Colusa 1, Contra Costa County 20, Concord 2, Martinez 2, Pittsburg 2, Richmond 2, Crescent City 1, Fresno County 5, Fresno 1, Reedley 1, Kern County 4, Bakersfield 2, Lake County 1, Los Angeles County 15, Arcadia 1, Azusa 1, Beverly Hills 2, Burbank 13, Compton 7, Glendale 5, Hermosa 1, Inglewood 1, La Verne 1, Long Beach 50, Los Angeles 63, Monrovia 1, Pasadena 9, Vernon 1, Whittier 4, Torrance 1, Lynwood 2, Monterey Park 1, Maywood 1, Madera 6, Los Banos 7, Alturas 1, Monterey County 8, King City 1, Salinas 8, Soledad 3, Napa 7, Orange County 27, Anaheim 2, Fullerton 4, Newport Beach 10, Orange 4, Santa Ana 70, Laguna Beach 2, Tustin 4, Plumas County 1, Beaumont 1, Riverside 5, Sacramento County 2, Sacramento 29, San Bernardino 3, Upland 1, San Diego County 2, Coronado 1, San Diego 6, San Francisco 66, San Joaquin County 6, Stockton 3, San Luis Obispo County 1, Paso Robles 3, Daly City 1, San Mateo 1, Santa Barbara County 2, Lompoc 4, Santa Maria 1, Santa Clara County 8, Mountain View 3, Palo Alto 4, San Jose 33, Santa Clara 1, Willow Glen 1, Santa Cruz 3, Redding 4, Siskiyou County 1, Solano County 2, Petaluma 1, Tulare County 2, Tulare 5, Tuolumne County 13, Visalia 1, Sonora 6, Ventura County 10, Santa Paula 6, Davis 2.

Mumps

172 cases: Alameda County 1, Alameda 4, Berkeley 1, Oakland 52, San Leandro 1, Sutter Creek 3, Humboldt County 1, Kern County 1, Los Angeles County 6, Beverly Hills 1, Burbank 1, Covina 1, Los Angeles 8, Pasadena 1, Marin County 2, Yosemite 2, Monterey County 2, Soledad 5, Orange County 2, Newport Beach 1, Orange 1, Santa Ana 1, Riverside County 1, Beaumont 1, Sacramento 6, San Diego County 1, Chula Vista 1, National City 2, San Diego 9, San Francisco 8, San Joaquin County 8, Stockton 3, Arroyo Grande 7, San Luis Obispo 6, Burlingame 1, Santa Maria 6, San Jose 1, Santa Cruz 3, Visalia 3, Tuolumne County 1, Sonora 5, Woodland 1.

Pneumonia (Lobar)

48 cases: Oakland 2, Fresno County 1, Los Angeles County 6, Glendale 2, Los Angeles 25, Pasadena 2, Maywood 1, Alturas 1, Monterey County 1, Anaheim 1, Santa Ana 1, La Mesa 1, San Diego 1, San Francisco 1, Santa Barbara County 1, Santa Barbara 1.

Scarlet Fever

154 cases: Alameda 2, Berkeley 1, Oakland 9, Piedmont 1, Chico 3, Crescent City 1, Fresno County 1, Fresno 1, Humboldt

County 5, Kern County 5, Lakeport 1, Los Angeles County 10, Alhambra 2, Burbank 1, Culver City 1, Glendale 1, Huntington Park 1, Inglewood 2, Long Beach 1, Los Angeles 28, Pasadena 1, Santa Monica 1, Whittier 1, Hawthorne 1, South Gate 1, Bell 1, Monterey County 2, Salinas 1, Orange County 2, Orange 1, Sacramento 13, Ontario 1, San Diego County 2, San Diego 5, San Francisco 9, San Joaquin County 13, Stockton 8, Paso Robles 3, Redwood City 2, Lompoc 1, Santa Barbara 1, San Jose 3, Tuolumne County 1, Woodland 1, Tulare County 1, Ventura County 1.

Smallpox

2 cases: Los Angeles.

Typhoid Fever

12 cases: Los Angeles 1, South Pasadena 1, Riverside County 3, San Francisco 2, San Joaquin County 4, California 1.*

Whooping Cough

126 cases: Berkeley 6, Oakland 18, San Leandro 1, Fresno County 1, Fresno 1, Los Angeles County 13, Alhambra 2, Burbank 1, Culver City 1, Glendale 2, Long Beach 4, Los Angeles 14, Pasadena 3, Torrance 1, Monterey Park 2, Brea 1, Fullerton 2, Huntington Beach 1, Orange 1, Santa Ana 1, Riverside County 2, Ontario 1, San Bernardino 1, San Diego County 1, Chula Vista 1, Escondido 1, National City 2, Oceanside 1, San Diego 14, San Francisco 8, San Joaquin County 5, Paso Robles 1, San Luis Obispo 1, Santa Barbara County 2, Palo Alto 3, San Jose 3, Ventura 2, California 1.*

Meningitis (Epidemic)

6 cases: Los Angeles 2, Riverside County 1, Sacramento County 1, Sacramento 1, Tulare County 1.

Dysentery (Amoebic)

5 cases: Pasadena 2, Pomona 1, Petaluma 2.

Dysentery (Bacillary)

5 cases: Los Angeles County 1, Los Angeles 3, California 1.*

Leprosy

One case: San Joaquin County.

Pellagra

7 cases: Oakland 1, Kern County 1, San Francisco 5.

Poliomyelitis

33 cases: Fresno 1, Kern County 5, Los Angeles County 1, Compton 1, Los Angeles 20, Pasadena 1, Santa Monica 1, Orange County 3.

Tetanus

2 cases: Los Angeles County 1, Los Angeles 1.

Trachoma

3 cases: Los Angeles 1, Stockton 1, Riverside County 1.

Encephalitis (Epidemic)

One case: Kern County.

Paratyphoid Fever (Beta)

One case: Imperial County.

Trichinosis

One case: San Francisco.

Hookworm

5 cases: Pasadena.

Food Poisoning

93 cases: Long Beach 90, Los Angeles 2, Tuolumne County 1.

Undulant Fever

5 cases: Los Angeles 1, San Diego County 1, Ontario 1, Upland 1, Petaluma 1.

Actinomycosis

One case: Los Angeles.

Coccidioides Granuloma

One case: Fresno County.

Septic Sore Throat (Epidemic)

2 cases: Manteca 1, San Bruno 1.

Rabies (Animal)

11 cases: Imperial County 1, Culver City 1, Los Angeles 6, San Diego 3.

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.